

## Medical Report

Date:

Athlete's Full Name:

Date of Birth:

After I have reviewed the answers of the above athlete of the Medical Questionnaire and I have examined physically the athlete following the IOC recommendations published in the "Lausanne Recommendations" about the Sudden Cardiovascular Death in Sport Consensus which includes the following examinations of:

a.) Cardiac auscultation:

- Rate/rhythm
- Murmur : systolic/diastolic
- Systolic click

b.) Blood Pressure

c.) Radial and Femoral Pulses

d.) Marfan stigmata

and I have also examined a 12-lead rest electrocardiogram (ECG) for anomalies in rhythm, conduction or repolarisation of the athlete,

I confirm that the athlete's general health condition is excellent and there are not any medical conditions or concerns that may prevent the athlete for competing in sports, including Triathlon events.

Signature:

Stamp:

Doctor's Name:

Phone:

Address: